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the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 147	
County of <u>Sila</u>	District of <u>Miami</u>	ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>	or City of _____	Co. Register No. 369	
(No. _____ St. _____ Ward _____)		Local Registrar's No. _____	
FULL NAME OF CHILD <u>Manuel Sanchez</u>		{ Born } YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		{ Alive } NO	
Sex of Child <u>M</u>	Twin, Triplet or other <input checked="" type="checkbox"/>	and { } Number in order of birth _____	Date of Birth <u>Aug. 14, 1922</u>
Legitimacy <u>Yes</u>		(Month) (Day) (Yr.)	
FATHER		MOTHER	
Full Name <u>Jose Sanchez</u>	Full Maiden Name <u>Antonina Luna</u>		
Residence <u>1043 Adobe Hill Miami</u>	Residence <u>1043 Adobe Hill Miami</u>		
Color or Race <u>Mex</u>	Age at last Birthday <u>27</u> (Years)	Color or Race <u>Mex</u>	Age at last Birthday <u>21</u> (Years)
Birthplace <u>Mexico</u>	Birthplace <u>Mex</u>		
Occupation <u>Miner</u>	Occupation <u>Housewife</u>		
Number of child of this mother <u>2</u>	Number of Children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>Aug. 14, 1922</u> , at <u>6:30 A.M.</u>			
{ *When there is no attending physician or midwife, then the householder should make this return. }		(Signature) <u>R. L. Laramie, M.D.</u>	
Given or Christian name added from a supplemental report _____ 191____		(Attending physician, midwife, householder.*)	
Address <u>Insipiration, Ariz.</u>		LOCAL REGISTRAR.	
Filed <u>Aug 15</u> 1922		A True Copy	
4 29-814-131		COUNTY REGISTRAR.	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	